

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2003

Application or Docket Number

10810821

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|                                  |              |                          |
|----------------------------------|--------------|--------------------------|
| TOTAL CLAIMS                     | /            |                          |
| FOR                              | NUMBER FILED | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | / minus 20 = | *                        |
| INDEPENDENT CLAIMS               | / minus 3 =  | *                        |
| MULTIPLE DEPENDENT CLAIM PRESENT |              | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

7-21-09 CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|-------------|---|-------|---|------------------|
|  |             | Minus                                     | **    | =   |                  |
|  | Total       | /   | ** 20 | =   |                  |
|  | Independent | /   | ** 3  | =   |                  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |             | <input type="checkbox"/>                  |       |   |                  |

SMALL ENTITY  
TYPE  OR OTHER THAN  
SMALL ENTITY

|           |        |              |        |
|-----------|--------|--------------|--------|
| RATE      | FEES   | RATE         | FEES   |
| BASIC FEE | 385.00 | OR BASIC FEE | 770.00 |
| XS 9=     |        | OR XS18=     |        |
| X43=      |        | OR X86=      |        |
| +145=     |        | OR +290=     |        |
| TOTAL     | 385    | OR TOTAL     |        |

SMALL ENTITY  
TYPE  OR OTHER THAN  
SMALL ENTITY

|                  |                        |                     |                        |
|------------------|------------------------|---------------------|------------------------|
| RATE             | ADDI-<br>TIONAL<br>FEE | RATE                | ADDI-<br>TIONAL<br>FEE |
| XS 9=            |                        | OR X\$18=           |                        |
| X43=             |                        | OR X86=             |                        |
| +145=            |                        | OR +290=            |                        |
| TOTAL ADDIT. FEE |                        | OR TOTAL ADDIT. FEE |                        |

(Column 1) (Column 2) (Column 3)

| AMENDMENT B                                    |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |     | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|-------------|---|-----|---|------------------|
|  |             | Minus                                     | **  | =   |                  |
|  | Total       | /   | **  | =   |                  |
|  | Independent | /   | *** | =   |                  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |             | <input type="checkbox"/>                  |     |   |                  |

|                  |                        |                     |                        |
|------------------|------------------------|---------------------|------------------------|
| RATE             | ADDI-<br>TIONAL<br>FEE | RATE                | ADDI-<br>TIONAL<br>FEE |
| XS 9=            |                        | OR X\$18=           |                        |
| X43=             |                        | OR X86=             |                        |
| +145=            |                        | OR +290=            |                        |
| TOTAL ADDIT. FEE |                        | OR TOTAL ADDIT. FEE |                        |

(Column 1) (Column 2) (Column 3)

| AMENDMENT C                                    |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |     | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|-------------|---|-----|---|------------------|
|  |             | Minus                                     | **  | =   |                  |
|  | Total       | /   | **  | =   |                  |
|  | Independent | /   | *** | =   |                  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |             | <input type="checkbox"/>                  |     |   |                  |

|                  |                        |                     |                        |
|------------------|------------------------|---------------------|------------------------|
| RATE             | ADDI-<br>TIONAL<br>FEE | RATE                | ADDI-<br>TIONAL<br>FEE |
| XS 9=            |                        | OR X\$18=           |                        |
| X43=             |                        | OR X86=             |                        |
| +145=            |                        | OR +290=            |                        |
| TOTAL ADDIT. FEE |                        | OR TOTAL ADDIT. FEE |                        |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
  - \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
  - \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.